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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 6752

SERIAL NUMBER 09/238,075	FILING DATE 01/27/1999  RULE	CLASS 703	GROUP ART UNIT 2123	ATTORNEY DOCKET NO. 06089.P019
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APPLICANTS

JAMES M. CLAUSS, TIGARD, OR;

\*\* CONTINUING DATA \*\*\*\*\*  
*None appt*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None appt*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 02/11/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OR	SHEETS DRAWING 13	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
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Verified and Acknowledged  
Examiner's Signature *Appt* Initials

ADDRESS  
25943  
COLUMBIA IP LAW GROUP, PC  
10260 SW GREENBURG ROAD  
SUITE 820  
PORTLAND , OR  
97223

TITLE  
ERROR RECOVERY IN A COMPUTER AIDED DESIGN ENVIRONMENT

FILING FEE  RECEIVED 850	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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## UNITED STATES PATENT AND TRADEMARK OFFICE

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 United States Patent and Trademark Office  
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 Alexandria, Virginia 22313-1450  
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CONFIRMATION NO. 6752

<b>SERIAL NUMBER</b> 09/238,075	<b>FILING OR 371(c) DATE</b> 01/27/1999 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2671	<b>ATTORNEY DOCKET NO.</b> 109869-130055		
<b>APPLICANTS</b> JAMES M. CLAUSS, TIGARD, OR;						
<b>** CONTINUING DATA *****</b>						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/11/1999</b>						
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY OR</b>	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 25943						
<b>TITLE</b> ERROR RECOVERY IN A COMPUTER AIDED DESIGN ENVIRONMENT						
<b>FILING FEE RECEIVED</b> 850	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/238,075	01/27/99	395	2785	06089.P019

APPLICANT

JAMES M. CLAUSS, TIGARD, OR.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

FOREIGN FILING LICENSE GRANTED 02/11/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	Examiner's Initials _____ Initials _____	OR	13	25	3

ADDRESS	ROBERT DIAHL BLAKELY SOKOLOFF TAYLOR & ZAFMAN 12400 WILSHIRE BOULEVARD 7TH FLOOR LOS ANGELES CA 90025
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TITLE	ERROR RECOVERY IN A COMPUTER AIDED DESIGN ENVIRONMENT
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FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$850		